

<i>SERFF Tracking Number:</i>	<i>PHAR-125238465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026622</i>
<i>Company Tracking Number:</i>	<i>AR-IMG-EDP-02-08-F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0003 Electronic Data Processing (EDP)</i>
<i>Product Name:</i>	<i>Inland Marine - EDP</i>		
<i>Project Name/Number:</i>	<i>AR-IMG-EDP-02-08-F/AR-IMG-EDP-02-08-F</i>		

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Inland Marine - EDP

SERFF Tr Num: PHAR-125238465 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-026622

Sub-TOI: 09.0003 Electronic Data Processing (EDP)

Co Tr Num: AR-IMG-EDP-02-08-F

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Heidi Allen, Kris
Laubenthal

Disposition Date: 11/02/2007

Date Submitted: 10/31/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (Renewal):
02/01/2008

General Information

Project Name: AR-IMG-EDP-02-08-F

Status of Filing in Domicile:

Project Number: AR-IMG-EDP-02-08-F

Domicile Status Comments:

Reference Organization: AAIS

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/02/2007

State Status Changed: 11/01/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pharmacists Mutual is a member of AAIS for our Commercial Inland Marine Program in your state. We are filing Inland Marine Declarations Pages and EDP and Computer Coverages Schedules for AAIS's Inland Marine Guide – Electronic Data Processing and request an effective date of February 1, 2008.

Company and Contact

Filing Contact Information

SERFF Tracking Number: *PHAR-125238465* *State:* *Arkansas*
Filing Company: *Pharmacists Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-026622*
Company Tracking Number: *AR-IMG-EDP-02-08-F*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0003 Electronic Data Processing (EDP)*
Product Name: *Inland Marine - EDP*
Project Name/Number: *AR-IMG-EDP-02-08-F/AR-IMG-EDP-02-08-F*

Heidi Allen, Heidi.Allen@phmic.com
PO Box 370 (800) 247-5930 [Phone]
Algona, IA 50511 (515) 295-9306[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company	CoCode: 13714	State of Domicile: Iowa
808 Highway 18 West	Group Code: 775	Company Type: Mutual
P.O. Box 370		
Algona, IA 50511	Group Name:	State ID Number:
(800) 247-5930 ext. [Phone]	FEIN Number: 42-0223390	

SERFF Tracking Number: PHAR-125238465 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-026622
Company Tracking Number: AR-IMG-EDP-02-08-F
TOI: 09.0 Inland Marine Sub-TOI: 09.0003 Electronic Data Processing (EDP)
Product Name: Inland Marine - EDP
Project Name/Number: AR-IMG-EDP-02-08-F/AR-IMG-EDP-02-08-F

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$20.00	10/31/2007	16403234

SERFF Tracking Number:	PHAR-125238465	State:	Arkansas
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0003 Electronic Data Processing (EDP)
Product Name:	Inland Marine - EDP		
Project Name/Number:	AR-IMG-EDP-02-08-F/AR-IMG-EDP-02-08-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/02/2007	11/02/2007

<i>SERFF Tracking Number:</i>	<i>PHAR-125238465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026622</i>
<i>Company Tracking Number:</i>	<i>AR-IMG-EDP-02-08-F</i>		
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Disposition

Disposition Date: 11/02/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal): 02/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHAR-125238465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026622</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Inland Marine Dec	Approved	Yes
Form	EDP Schedule	Approved	Yes
Form	Computer Coverage Schedule	Approved	Yes

SERFF Tracking Number: PHAR-125238465 State: Arkansas

Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: AR-PC-07-026622

Company Tracking Number: AR-IMG-EDP-02-08-F

TOI: 09.0 Inland Marine Sub-TOI: 09.0003 Electronic Data Processing (EDP)

Product Name: Inland Marine - EDP

Project Name/Number: AR-IMG-EDP-02-08-F/AR-IMG-EDP-02-08-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Inland Marine Dec	CPPIMF	0108	Declaration New s/Schedule		0.00	CPPIMF 0108.pdf
Approved	EDP Schedule	IM7200SC0108H		Declaration New s/Schedule		0.00	IM7200SCH 0108.pdf
Approved	Computer Coverage Schedule	IM7201SC0108H		Declaration New s/Schedule		0.00	IM7201SCH 0108.pdf



NAMED INSURED 3ERBY LEASING INC	
CUSTOMER NUMBER	0000239702
POLICY NUMBER	CPP 8091004 00
POLICY PERIOD	01/01/08 TO 01/01/09
12 01 A.M. Standard Time at the described location	

TRANSACTION	
AMENDED DECLARATION	Effective: 01/01/08

COMMERCIAL INLAND MARINE DECLARATIONS

DESCRIBED PREMISES: BUILDING

Loc. Bldg.
001 001 406 CHERRY ST
JEFFERSON CITY MO 65101

County:
COLE

In return for payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

COVERAGE	LIMIT	DEDUCTIBLE
Accounts Receivable	15,000	0
Foreign Transit & Location Cov	See IM7226 Form	
Interruption Web Site-Income	See IM7237 Form	
Electronic Data Proc/Computer	See Schedule	
COVERAGE PART PREMIUM TOTAL		\$3,027

FORMS AND ENDORSEMENTS

CL0100 (03/99) Common Policy Conditions	CL0167 (05/05) Guaranty Assoc Cov Limitations
CL0170 (04/02) Amendatory Endorsement MO	CL0315 (04/03) Notice of Terrorism Exclusion
CL0600 (12/02) Certified Terrorism Loss	CL0640 (12/02) Non-Certif Act Terrorism Excl
CL0700 (10/06) Virus or Bacteria Exclusion	CL1045-SFP (06/06) Notice of Terrorism Coverage
CL1605 (06/06) Certified Terrorism Loss Discl	CL1640 (06/06) Conditional Terrorism Excl
IM1000 (01/05) Accounts Receivable Coverage	IM2051 (05/05) Amendatory Endorsement MO
IM2052 (09/06) Amendatory Endorsement MO	IM7200 (10/02) Electronic Data Processing
IM7215 (09/03) Elec Data Proc-Income Coverage	IM7226 (05/01) Foreign Transit & Location Cov
IM7229 (10/02) Interrupt Web Site-Income Cov	IM7237 (10/02) Interruption of Web Site Sch
IM7855 (04/04) Replacement Cost Endorsement	PM1000 (10/01) Mutual Company Provisions
PM9913 (04/07) Important Notice - Exclusion	



NAMED INSURED 3ERBY LEASING INC	
CUSTOMER NUMBER	0000239702
POLICY NUMBER	CPP 8091004 00
POLICY PERIOD	01/01/08 TO 01/01/09
12 01 A.M. Standard Time at the described location	

ELECTRONIC DATA PROCESSING SCHEDULE OF COVERAGES SCHEDULED LIMITS

DESCRIBED PREMISES: BUILDING

Loc. Bldg.
001 001 406 CHERRY ST
JEFFERSON CITY MO 65101

County:
COLE

LIMITS

Hardware	500,000
Including: On-Site Server Hardware	
Software	6,000
Including: Programs and Applications, Media, Proprietary Programs, Data Records, On-Site Server Software	
Income Coverage	
Including: Earnings and Extra Expense	10,000

SUPPLEMENTAL COVERAGES

Earthquake Coverage	Included
Flood Coverage	Included
Off-Site Computers	6,000
Property In Transit	20,000
Protection and Control Systems	20,000
Recharge of Fire Extinguishing Equipment	25,000
Reproduction Equipment	30,000
Sewer Backup	Included
Telecommunications Equipment	35,000

SUPPLEMENTAL INCOME COVERAGES

Earthquake Coverage	Included
Flood Coverage	Included
Property In Transit	20,000
Sewer Backup	Included

DEDUCTIBLE

For all covered perils, except for Earthquake and Volcanic Eruption	5,000
Earthquake and Volcanic Eruption	5%

INCOME COVERAGE OPTIONS

Income Coverage Waiting Period	24 Hours
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COINSURANCE

Coinsurance	Not Applicable
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NAMED INSURED PHARMACY ASSISTANCE INC	
CUSTOMER NUMBER	0000323701
POLICY NUMBER	CPP 8091002 00
POLICY PERIOD	01/01/08 TO 01/01/09
12 01 A.M. Standard Time at the described location	

COMPUTER COVERAGE SCHEDULE OF COVERAGES

DESCRIBED PREMISES: INDEPENDENT CONTRACTOR

Loc. Bldg.
001 001 27426 COUNTY RD H
WEBSTER WI 54893

County:
BURNETT

LIMITS

Hardware	50,000
Including: On-Site Server Hardware	
Valuation: Functionally Comparable Hardware	
Software	25,000
Including: Programs and Applications, Media, On-Site Server Software	
Income Coverage	20,000
Including: Earnings and Extra Expense	

COVERAGE EXTENSIONS

Electrical and Power Supply Disturbance	500 Feet Limitation Waived
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SUPPLEMENTAL COVERAGES

Earthquake Coverage	Included
Flood Coverage	Included
Off-Site Computers	3,000
Property In Transit	7,000
Proprietary Programs and Data Records	10,000
Sewer Backup	Included

SUPPLEMENTAL INCOME COVERAGES

Earthquake Coverage	Included
Flood Coverage	Included
Off Premises Utility Service Interruption	15,000
Property In Transit	7,000
Sewer Backup	Included

DEDUCTIBLE

For all covered perils, except for Earthquake and Volcanic Eruption	1,000
Earthquake and Volcanic Eruption	5%

INCOME COVERAGE OPTIONS

Income Coverage Waiting Period	24 Hours
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COINSURANCE

Coinsurance	Not Applicable
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	PHAR-125238465	State:	Arkansas
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/02/2007
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Comments:

Attachment:

AR IMG EDP 02-08 NAIC Transmittal Doc.pdf

Property & Casualty Transmittal Document

<div> <div>1 . Reserved for Insurance Dept. Use Only</div> </div>	<div>2. Insurance Department Use only</div>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

[illegible]

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)				
10.	Sub-Type of Insurance (Sub-TOI)				
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)				
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:		Renewal:	
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing				
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	